SENATE BILL No. 253

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-1-3-30.

Synopsis: Insurance mandate review task force. Adds one member and provides for per diem payment and cost reimbursement for members of the task force to review mandated benefits and mandated benefit proposals. Specifies certain requirements for the task force.

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Effective: July 1, 2005.

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January 6, 2005, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

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SENATE BILL No. 253

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A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

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Be it enacted by the General Assembly of the State of Indiana:

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- SECTION 1. IC 27-1-3-30 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 30. (a) As used in this section, "accident and sickness insurance policy" has the meaning set forth in IC 27-8-14.2-1.
- (b) As used in this section, "health maintenance organization" has the meaning set forth in IC 27-13-1-19.
- (c) As used in this section, "mandated benefit" means certain health coverage or an offering of certain health coverage that is required under:
 - (1) an accident and sickness insurance policy; or
 - (2) a contract with a health maintenance organization.
- (d) As used in this section, "mandated benefit proposal" means a bill or resolution pending before the general assembly that, if enacted, would require certain health coverage or an offering of certain health coverage under:
 - (1) an accident and sickness insurance policy; or
- (2) a contract with a health maintenance organization.



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1	(e) The commissioner shall establish a task force to review
2	mandated benefits and mandated benefit proposals.
3	(f) The task force must consist of nine (9) ten (10) members
4	appointed by the governor as follows:
5	(1) Two (2) members representing the insurance industry.
6	(2) Two (2) members representing consumers.
7	(3) Two (2) members representing health care providers.
8	(4) Two (2) members representing the business sector.
9	(5) One (1) member who is an independent actuary.
10	(5) (6) The commissioner or the commissioner's designee.
11	A registered lobbyist may not serve as a member of the task force.
12	(g) Members of the task force shall serve on a voluntary basis
13	without reimbursement:
14	(g) Each member of the task force who is not a state employee
15	is entitled to the minimum salary per diem provided by
16	IC 4-10-11-2.1(b). The member is also entitled to reimbursement
17	for traveling expenses as provided under IC 4-13-1-4 and other
18	expenses actually incurred in connection with the member's duties
19	as provided in the state policies and procedures established by the
20	Indiana department of administration and approved by the budget
21	agency.
22	(h) Each member of the task force who is a state employee is
23	entitled to reimbursement for traveling expenses as provided under
24	IC 4-13-1-4 and other expenses actually incurred in connection
25	with the member's duties as provided in the state policies and
26	procedures established by the Indiana department of
27	administration and approved by the budget agency.
28	(i) Each member of the task force shall attend at least fifty
29 30	percent (50%) of scheduled meetings. A member who does not comply with this subsection is subject to replacement by the
31	governor. A member may attend meetings via teleconference.
32	(h) (j) The department shall provide administrative and actuarial
33	support for the functions of the task force.
34	(i) (k) Upon the:
35	(1) request of a member of the general assembly; or
36	(2) determination of the task force;
37	the task force shall review mandated benefits and assess the social,
38	medical, and financial impacts of at least one (1) mandated benefit
39	proposals as determined by the members of or one (1) mandated
40	benefit proposal each year.
41	(l) In assessing a mandated benefit or mandated benefit
42	nronosal, and to the extent that information is available, the task



1	force shall consider:	
2	(1) social impacts, including:	
3	(A) the extent to which the service that is the subject of the	
4	mandated benefit or mandated benefit proposal is	
5	generally used by a significant part of the population;	
6	(B) the extent to which the health coverage is already	
7	generally available;	
8	(C) if the health coverage is not generally available, the	
9	extent to which the lack of health coverage results in	
0	unreasonable financial hardship;	
1	(D) the level of public demand for the service that is the	
2	subject of the mandated benefit or mandated benefit	
3	proposal;	
4	(E) the level of public demand for the health coverage; and	
5	(F) the extent to which the service that is the subject of the	
6	mandated benefit or mandated benefit proposal is covered	
7	under self-funded health coverage provided by Indiana	
8	employers that employ at least five hundred (500)	
9	employees;	
0	(2) medical impacts, including the extent to which the service	
1	that is the subject of the mandated benefit or mandated	
2	benefit proposal is generally:	
3	(A) recognized by the medical community as effective in	
4	patient treatment;	
5	(B) demonstrated by a review of scientific and peer review	
6	literature to be recognized by the medical community; and	
7	(C) available and used by treating physicians; and	
8	(3) financial impacts, including the:	V
9	(A) extent to which the health coverage will increase or	
0	decrease the cost of the service that is the subject of the	
1	mandated benefit or mandated benefit proposal;	
2	(B) extent to which the health coverage will increase the	
3	appropriate use of the service that is the subject of the	
4	mandated benefit or mandated benefit proposal;	
5	(C) extent to which the service that is the subject of the	
6	mandated benefit or mandated benefit proposal will be a	
7	substitute for a more expensive service;	
8	(D) extent to which the health coverage will increase or	
9	decrease the:	
0	(i) administrative expenses of accident and sickness	
1	insurers and health maintenance organizations; and	
2	(ii) premium and administrative expenses of individuals	



1	covered under accident and sickness insurance policies
2	and health maintenance organization contracts;
3	(E) impact of the health coverage on the total cost of health
4	care in Indiana, including any potential cost savings that
5	may be realized through the mandated benefit or
6	mandated benefit proposal;
7	(F) impact of all mandated benefits on the ability of
8	employers to purchase health coverage that meets
9	employee needs;
10	(G) extent to which the financial impact of all mandated
11	benefits, including the mandated benefit or mandated
12	benefit proposal under consideration, will affect employee
13	wages and compensation; and
14	(H) extent to which the financial impact of all mandated
15	benefits, including the mandated benefit or mandated
16	benefit proposal under consideration, will affect hiring
17	practices of Indiana employers.
18	(m) The task force shall annually determine the full cost of all
19	existing mandated benefits in Indiana as a percentage of:
20	(1) Indiana's average annual wage; and
21	(2) health coverage premiums.
22	(n) In making the annual determination under subsection (m),
23	the task force shall consider the full cost of existing mandated
24	benefits under:
25	(1) a typical group and individual:
26	(A) accident and sickness insurance policy; and
27	(B) health maintenance organization contract;
28	in Indiana; and
29	(2) the state employee health plans provided for in
30	IC 5-10-8-7(b) and IC 5-10-8-7(c).
31	(o) The task force may contract for actuarial services and other professional services.
32 33	(p) The task force and shall report the findings of the task force in
	an electronic format under IC 5-14-6 to the legislative council not later
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35	than December 31 November 1 of each year.
36	(j) (q) Any recommendations made by the task force must be
37	approved by at least five (5) six (6) members of the task force.
38	(k) (r) The department may adopt rules under IC 4-22-2 to
39	implement this section.
40	(1) (s) Information that identifies a person and that is obtained by the



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task force under this section is confidential.